## **TSD File Inventory Index**

US EPA RECORDS CENTER REGION 5



Facility Name: C& & Mitco Cor	por	ation	
Facility Identification Number: ILD 095	792	859	
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.5 Change Under Interim Status Requests		.2 Import/Export Notifications	
.6 Annual and Biennial Reports		C.3 FOIA Exemptions - Non-Releasable Documents	
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.1 CMS Correspondence		E. Boilers and industrial Furnaces (BIF)	
.2 Interim Measures		.1 Correspondence	
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.4 CMS Draft/Final Report	<b>\</b>	F Imagery/Special Studies (Videos, photos, disks, maps, blueprints, drawings, and	
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4 CMI Draft/Final Reports	$\dagger$	.7 Corrective Action/Remediation Implementation	+
.5 CMI QAPP	+	.8 Endangered Species Act	$\dagger$
.6 CMI Correspondence	+	.9 Environmental Justice	$\dagger$
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Note: Transmittal Letter to Be Included with Reports.

Comments: 1 Felder Fetred Agril 2003- See Texas Refining (Und River)

Date Received (For Official Use Only) AUG 2 5 1999

Please refer to Section V. Line-by-Line-instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is equired by law (Section: 3010 of the Resource Conservation and

# Notification of Regulated Waste Activity

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	D - For Official Use Only
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Re A. Hazardous Waste Activity	
	B. Used Oil Recycling Activities
1. Generator (See Instructions)  a. Greater than 1600kg/mo (2;200 lbs.)  b. 100 to 1000 kg/mo (220-2;200 lbs.)  c. Less than 100 kg/mo (220 lbs)  2. Transporter (Indicate Mode in boxes 1-5 below)  a. For own waste only  b. For commercial purposes  Mode of Transportation  1. Air  2. Hall  3. Treater, Storer, Disporting installation) Note: A perequired for this activity instructions.  4. Hazardous Waste Fuel  a. Generator Marketing to b. Other Marketers  c. Boiler and/or industrial Figure 1. Smelter Deferral  2. Small Quantity Exeindicate Type of Comb Device(s)  3. Highway  4. Water  5. Other - specify  Device(s)  3. Industrial Boiler  3. Industrial Furnace  Underground injection Company in the second company in the se	ermit is  ity, see  Oil to Off-Specification Burner  D. Marketer Who First Claims the Used Oil Meets the Specifications  Used Oil Burner - Indicate Type(s)  of Combustion Device  a. Utility Boller  b. Industrial Boller  c. Industrial Furnace  Used Oil Transporter - Indicate  Type(s) of Combustion Device(s)  a. Transporter  b. Transfer Facility  Used Oil Processor/Re-refiner-  Indicate Type(s) of Activity(les)
IX. Description of Regulated Wastes (Use additional sheets if necessary)	
A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes nonlisted hazardous wastes your installation handles; See 40 CFR Parts 26	
1. Ignitable 2. Corrosive 3. Reactive 4. Toxicity (List specific EPA haze (D001) (D002) (D003) Characteristic contaminant(s))	ardous waste number(s) for the Toxicity characteristic
X X D 0 0 8	D 0 0 9 D 0 1 9 D 0 2
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you	need to list more than 12 waste codes.)
1 2 3 4	5 6
F 0 0 2 F 0 0 3 F 0 0 5	
7 8 9 10	11 12
C. Other Wastes. (State or other wastes requiring a handler to have an I.D. num.	nber; See instructions.)
1 2 3 4	5 6
U 0 0 9 U 1 2 2	
X. Certification	
I certify under penalty of law that this document and all attachments were prepared a system designed to assure that qualified personnel properly gather and evaluate to person or persons who manage the system, or those persons directly responsible for is, to the best of my knowledge and belief, true, accurate, and complete. I am aware information, including the possibility of fine and imprisonment for knowing violations.	the Information submitted. Based on my inquiry of the or gathering the information, the information submitted that there are significant penalties for submitting false
Signature Name and Official Title (Type	
Carl D. Sima, Plant M	Manager 8/13/39
XI. Comments	
	emicals and derivatives) which will
Requesting a new ID number for the facility (oleoche	
be owned and operated by Goldschmidt SKW Oleochemica	als, LLC
Note: Mail completed form to the appropriate EPA Regional or State Office. <i>(See S</i>	Section III of the booklet for addresses.)



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, CMB No. 2050-0028 Expires 9-30-9-3SA No. 0246-674-7

Please refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

RCRISENTRY JUL 1 4 1997



# Notification of Regulated Waste Activity

For Official Use Only) MAY 27-1997

United States Environmental Protection Agency U. S. EPA, REGION V															
L Installation's EPA ID Num	ber <i>(Mark 'X</i>	' in the ap	propria	te box)											
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II. Name of Installation (Inc	lude compan	y and spe	cific si	e name)								·_			
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V. Installation Contact (Person to be contacted regarding waste activities at site)															
Name (Last)	· · · · · · · · · · · · · · · · · · ·				(First)									•	
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VI. Installation Contact A	ddress <i>(See i</i>	instructio	ns)												
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II. Type of Regulated Waste Activity (Mar	k 'X' In the appropriate boxes: Refe	to instructions)	
A. Hazardous Wa	aste Activity	B. Used (	Oil Recycling Activities
a. Generator (See instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) c. Less than 100 kg/mo (220 lbs) a. For own waste only b. For commercial purposes  Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	□ 3. Treater, Storer, Dispose installation) Note: A pen required for this activity instructions.  4. Hazardous Waste Fuel a. Generator Marketing to E b. Other Marketers c. Bollerand/or industrial Fuel 1. Smelter Deferral 2. Small Quantity Exen Indicate Type of Combination Type of Combination Type 2. Industrial Boller □ 2. Industrial Furnace □ 3. Industrial Furnace □ 5. Underground Injection Comparison Indicate Type Combination Type Industrial Furnace □ 3. Industrial Furnace □ 5. Underground Injection Comparison Indicate Type Combination Type Industrial Furnace □ 5. Underground Injection Combination Indicate Type Industrial Furnace □ 5. Underground Injection Combination Indicate Type Indicate Indic	mit is Oli to Office Oli to Office Oli Meets O	r Directs Shipment of Use f-Specification Burner r Who First Claims the Use it the Specifications sumer - indicate Type(s) n Device(s) oiler at Boller at Fumace ransporter - indicate Type ies) orter r Facility rocessor/Re-refiner - Indicate Activity(ies)
(, Description of Hazardous Wastes (Use	additional sheets if necessary)		
A. Characteristics of Nonlisted Hazardou	s Wastes. (Mark 'X' in the boxes of	orresponding to the cha	racteristics of
nonlisted hazardous wastes your installation			
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. Other Wastes. (State or other wastes red	uiring a handler to have an I.D. numb	er; See instructions.)	
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. Certification			
certify under penalty of law that this documen	t and all attachments were prepared	under my direction of sui	pervision in accomance w
system designed to assure that qualified person	nel properly gather and evaluate the ir	formation submitted. Ba	sed on my inquiry of the per
or persons who manage the system, or those pe best of my knowledge and belief, true, accurate,	ersons directly responsible for gather , and complete, i am aware that there a	ing the information, the i re significant penalties fo	ntormation submitted is, to or submitting false informat
including the possibility of fine and imprisonn	nent for knowing violations.		
Signature	Name and Official Title (Typ	e or print)	Date Signed
Graph R. Alli		• .	10 100-
John K. 1044	Joe Alli/Plant Manag	er	May 12, 1997
XI. Comments			
This document is for name and	d address change only.		
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Note: Mail completed form to the appropriate i	EPA Regional or State Office. (See S	ection III of the booklet f	or addresses.)

## Witco

Witco Corporation Oleo/Surfactants Group Rt. 24, P.O. Box 9 Mapleton, IL 61547 Ph. (309) 697-6220 Fax (309) 697-9493

### **CERTIFIED MAIL**

May 12, 1997.

Mr. Cory Protolipac
Illinois Environmental Protection Agency
Bureau of Land # 24
P.O. Box 19276
Springfield, IL 62794-9276

RECEIVED

MAY 1 5 1997

Re:

Mapleton Plant Name, Address, and Permit Changes for Witco Corporation.

Dear Cory:

Enclosed please find the revisions for the "Notification of Regulated Waste Activity" (EPA Form 8700-12) for the Mapleton Plant now owned by Witco Corporation.

Our new address should be:

Mailing Address:

**Witco Corporation** 

**P.O. Box 9** 

Mapleton, IL 61547

Street Address:

**Witco Corporation** 

8300 U.S. Route 24 West

Mapleton, IL 61547

BECEIAED

MAY 26 1997

U. S. EPA, REGION V SWB---PMS

Please change all reports accordingly.

If you should have any questions, please contact me at 309-697-6220 X 322.

Sincerely

Serin Rao, P.E.

Manager

Safety, Health, and Environmental Affairs

cc: Joe Alli, Plant Manager

**Enclosures:** 

RECEIVED

AUG 0 4 1997

RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA—REGION 5







RECEIVED

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 301)

A

## RECORD CENTER 438 From Aboroved. OMB No. 2050-0028. Expres e-30-92 led areas only | Otification of | Control of Control Notification of Regulated Waste

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### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

### REGION 5 77 WEST JACKSON BOULEVARD CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:

November 10, 1993

SHEREX CHEMICAL CO INC ATTN:SERIN RAO PO BOX 9 MAPLETON IL 61547

RE: US EPA ID Number ILD 099	5 792 859
Location: US RTE	24 FACTORY RD
MAPLETO	ON IL 61547
In response to your correspondence o	f $10-05-93$ , the following
information has been updated:	
Location of Installation to	US RTE 24 FACTORY RD MAPLETON IL 61547

If you have any questions, please call me at (312) 886-6173.

Sincerely,

Sharon Kiddon

RCRA Notifications Coordinator

Waste Management Division

cc: State Agency

File

PAR A File



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	• ILD095792859	REACKNOWLEDGEMEN'
•	SHEREX CHEMICAL PO BOX 9 MAPLETON	CO INC
INSTALLATION ADDRESS	DIRECTLY ON ROU MAPLETON	TE 24 IL 6154
EPA Form 8700-12B (4-80)	00/28/84	-

Please go to the reverse of this form and provide the requested information.

IX. DE	SCRIPTION OF HAZ	ARDOUS WASTES	(continued from from	it)								
A. HAZA	ARDOUS WASTES FRO	OM NON-SPECIFIC SO	OURCES. Enter the four andles. Use additional sho	-digit number from 40 eets if necessary.	0 CFR Part 261.31 for	each listed hazardous						
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C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.												
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DUSTE	ID INFECTIOUS WAST	FS Enter the fourdir		<del></del>	_ <del></del>	rom hospitals, veterinary						
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E. CHAR	ACTERISTICS OF NO	N-LISTED HAZARDO	OUS WASTES, Mark "X" CFR Parts 261,21 — 261.	' in the boxes correspo	inding to the characteri	stics of non-listed						
	1. IGNITABLE	□2. (D002)	CORROSIVE	3. REACTIV		X 4. TOXIC 2000)						
X. CER	TIFICATION											
I certij attache I believ	fy under penalty of ed documents, and the that the submitted	hat based on my inq I information is true	sonally examined and quiry of those individe e, accurate, and comp ity of fine and impriso	uals immediately re lete. I am aware th	sponsible for obtain	ing the information,						
SIGNATU			NAME & OFFICIA	L TITLE (type or prin	it)	DATE SIGNED						
	1.	2	W. R. Stark	ey		8/14/80						
a	W. R. Starkey Director of Operations  8/14/80											

EPA Form 8700-12 (6-80) REVERSE